

ADULT HIV/AIDS CONFIDENTIAL CASE REPORT

RHODE ISLAND DEPARTMENT OF HEALTH
Office of HIV & AIDS, Surveillance Program
Telephone: (401) 222-2320 Fax: (401) 222-6001

The Adult AIDS Confidential Case Report Form has been updated to include HIV infection. This single form is to be used to report both HIV infection (with a unique identifier) and AIDS cases (with names and a unique identifier). Please note: AIDS case reporting remains unchanged and continues to include patient name and other relevant patient information.

The unique identifier is a code compiled from information that is readily available to providers from a client's record such as date of birth, zip code, etc. Enclosed are forms and instructions for completing the unique identifier. Detailed instructions and guidance for completing the entire form are available most agencies and clinics treating people with HIV and AIDS. If you would like a copy, contact the Surveillance Office at 222-2320.

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As of April 1, 2000, the Rhode Island Department of Health is implementing a new HIV surveillance system. This new system improves our ability to quantify the number of individual cases of HIV infection using a unique identifier (non-name) code. AIDS cases will continue to be reported with names as well as with this new unique identifier. This new version of the Adult HIV/AIDS Confidential Case Report form is used to report both HIV infection and AIDS cases. The "Adult Anonymous HIV Positive Test Report" form and the previous "Adult HIV/AIDS Confidential Case Report" are no longer used.

Instructions for Creating the Unique Identifier Code

I. FOR HIV & AIDS - MUST BE COMPLETED - ESSENTIAL INFORMATION

First 2 letters of First Name	Number of letters in Last Name	Sex	Date of Birth			Last 4 Digits of Social Security Number	Zip Code of Residence
		Male <input type="checkbox"/> 1 Female <input type="checkbox"/> 2	Month	Day	Year		

The information in Section I. makes up the unique identifier code used to report HIV cases in Rhode Island. Complete all sections. The following are special instructions for the sections involving patient names. More detailed instructions can be found on the RI Department of Health's website (<http://www.doh.state.ri.us>).

- Name Related Fields:

Use the first two letters of the first name and the number of letters in the last name as the name appears in the medical record.

First names: **DO NOT** use a nickname unless it represents the patient's name of record. If the first name of record is an initial only, disregard it and enter the first two letters of the next name in sequence. For example: T. Walter Smith = WA 5

Last names: Count all letters in last name(s), ignoring hyphens, apostrophes, spaces or periods.

Example 1: John Doe = JO 3

Example 2: Charlie McCarthy = CH 8

Example 3: Jane O'Brien = JA 6

Example 4: Al Smith-Jones = AL 10

Example 5: Susan St. James = SU 7

Example 6: Anna Lopez Sanchez = AN 12

Example 7: T. Walter Smith = WA 5

- Last 4 digits of Social Security Code:

If individual does not have a social security number, enter "9" in all four boxes.

Example:

Last 4 Digits of Social Security Number			
9	9	9	9

- Zip Code of Residence:

If individual is homeless, enter "8" in all five boxes.

Example:

Zip Code of Residence				
8	8	8	8	8

Mail completed forms in the envelope provided or mark your envelope **"CONFIDENTIAL"** and send to:

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